Janssen Therapeutics Request for Applications (RFA):

"Improving Care and Treatment for People Who Inject Drugs (PWID) Living with HIV and/or Hepatitis C"

Disease State:	HIV and/or Hepatitis C virus (HCV)
Area of Interest:	Comprehensive community-based models that enhance the ability of PWID living with HIV and/or HCV to access care and treatment
Eligible Applicants:	501(c)(3) tax-exempt, community-based organizations in the US that work with PWID living with HIV and/or HCV.
Amount:	One year charitable contribution of up to $40,000
Grant application deadline:	**January 31, 2015** (Applications will be reviewed and funded on a rolling basis through early 2015.)
Grant application process:	Applications must be submitted online through Janssen's charitable contribution application system **https://www.grantrequest.com/SID_897/?SA=SNA&FID=35015** Specific application requirements are described below. Please visit www.janssentherapeutics-grants.com/contribution.html for more information or email questions to JT-RFGA@its.jnj.com.

Background

People who inject drugs (PWID) are at the core of the HIV and Hepatitis C Virus (HCV) epidemics in the US. Injection drug use is the third most frequently reported risk factor for HIV infection and is considered the primary cause of HCV in the US[1-4]. Early treatment among PWID is critical because HIV and HCV can lead to significant morbidity and mortality, and because PWID living with HIV and/or HCV are at a high risk of transmitting the virus(es) to others[5]. Still, treatment considerations can be complex, especially in patients co-infected with both viruses in whom the rate of disease progression is more rapid.

Historically, HCV treatment guidelines have advised against treating PWIDs due to concerns around adherence, the risk of interferon-induced psychological side effects, and the possibility of reinfection, leading to very low treatment rates[6]. However, research has shown that even in the era of interferon-based therapy, >50% of PWID living with HCV were willing to be treated[7]. Newer direct-acting antiviral-based HCV treatment regimens have improved upon previous regimens and may be an increasingly attractive option for PWID. There is now an unprecedented opportunity to improve individual health outcomes, as well as broader public health, but this will require a significant increase in treatment rates among PWID.

In order to improve treatment rates for HIV and/or HCV within the PWID community, PWID must be able to access competent and compassionate healthcare in the face of persistent barriers. Affected communities must embrace integrated, multidisciplinary models of care that go beyond just treating the virus(es) to simultaneously address drug dependence and social support systems. Peer support is a critical component of care that has been shown to increase engagement with the healthcare system.

Funding Opportunity

In response to this significant unmet need, Janssen Therapeutics is requesting proposals to establish or expand community-based models that enhance the ability of PWID living with HIV and/or Hepatitis C to access care and treatment. Proposed programs should commence after signing a Letter of Agreement (LOA) with Janssen.

Awards will be one-year charitable contribution commitments up to $40,000.

Models should be comprehensive (i.e., multi-disciplinary) and should create or improve systems that help to overcome multiple barriers, such as:

Patient barriers

- Lack of knowledge around the long-term consequences of HIV and/or HCV infection and treatment, including fear of side effects
- Lack of understanding of the benefits of treatment
- Mistrust of the healthcare system
- Stigma, isolation and fear of disclosure
- Lack of information, awareness of support/resources, and poor health literacy
- Lack of personal support structure(s) or psychosocial support services
- Competing basic needs such as substance use treatment, food, housing and employment

Provider and system barriers

- Stigma, discrimination and/or lack of competent, compassionate care for PWID by medical and non-medical providers
- Poor patient-provider interactions
- Lack of provider experience assessing PWID willingness to be treated, ability to comply with treatment, level of social support and employment or housing status
- Provider concern over poor medication adherence and/or risk of re-infection
- Lack of a comprehensive, multi-disciplinary approach to HIV and/or HCV care (ie, mental health services, basic needs provision, case management, substance use counseling, alcoholism counseling)

Funding Considerations

Preference will be given to local community-based models with a clear focus on program outcomes and that incorporate a peer support component to improve engagement and retention of PWIDs in care and treatment. Partnerships between local health departments, community health centers, medical providers, substance use treatment centers, and other community-based organizations is encouraged.

IMPORTANT NOTES:

- Only 501(c)(3) tax-exempt organizations are eligible to receive funding through this RFA.
- Funding cannot be used for: client incentives, client housing/rent, client transportation vouchers/tokens, food vouchers, childcare, HIV or HCV testing supplies, staff time to conduct

HIV or HCV testing, needle-exchange programs, or hiring of new staff. Support for contracted services and stipends for peers are permitted.

- Funding from this RFA cannot be used for medical provider education (i.e., physician, nurse, NP/PA, or pharmacist). To apply for funding for any medical education components of the program, please visit www.janssentherapeutics-grants.com and submit a parallel request for an educational grant.

Application Requirements

The following information must be included in the Letter of Request or the application will be considered incomplete:

- Program design, objectives and detailed description of activities
- List and description of collaborating partners and description of role(s)
- Target population(s) and estimated reach or impact
- Organization's experience working with PWID living with HIV and/or HCV
- Outcomes and metrics to be measured
- Other sources of funding (sought and/or committed)

All requests must be submitted online at:
https://www.grantrequest.com/SID_897/?SA=SNA&FID=35015

by **January 31, 2015**. Funding decisions will be made on a rolling basis and communicated early in 2015.

References

1. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (2012) CDC Fact Sheet: HIV and AIDS in America: A Snapshot.
2. Prejean J, Song R, Hernandez A, Ziebell R, Green T, et al. (2011) Estimated HIV Incidence in the United States, 2006–2009. *PLoS ONE* 6(8): e17502.doi:10.1371/journal.pone.0017502.
3. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. Centers for Disease Control and Prevention. *MMWR Recomm Rep* 1998; 4: 1–39.
4. Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data–United States and 6 U.S. dependent areas–2010. HIV Surveillance Supplemental Report 2012. 17 (No. 3, part A). http://www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published June 2012. Accessed 2012 September 19.
5. Seeff, L.B., 2009. The history of the ''natural history'' of hepatitis C (1968–2009). Liver Int. 29 (Suppl. 1), 89–99.
6. NIH, 1997. National Institutes of Health Consensus Development Conference Panel statement: management of hepatitis C. Hepatology 26, 2S–10S.
7. Grebely, J., Tyndall, M.W., 2011. Management of HCV and HIV infections among people who inject drugs. *Curr. Opin. HIV AIDS* 6, 501–507.